

FERPA Authorization to Release Information

Student Information	(Please Print)				
First Name	Last Name_		ID# 0000		
Saint Elizabeth University, in has designated the followir enrollment status, anticipat	ng items as "directory" i	information: student's	•		
The University may disclose Registrar's Office is notified	-		udent's prior written co	onsent, u	ınless the
All other students informatic confidential and will not be			_		sidered
If you wish for a third party below and return to the Re		e or all of your studen	t information, please co	omplete	the form
I,			(student name), he	ereby au	ıthorize
Saint Elizabeth Univeristy to	(Please Print) release information th			siesy da	
Only Academic Reco	rds (including grades a	and schedule of classe	es)		
Only Financial Aid					
Only Financial Record	ds Related to Billing				
All of the above, inclu	uding: Academic Recor	rds, Financial Aid and	Financial Records relat	ted to bi	lling
I authorize this information	to be released to the fo	ollowing parties: (plea	ase print)		
1)		Relationship	Phone ()	
		Email			
2)		Relationship	Phone ()	
		Email			
3)		Relationship	Phone ()	
Student Signature/Date					
Please Note: This form bed	comes null and void up	on your separation fro	om Saint Elizabeth Uni	versity. If	you
wish to extend the provisio		ır separation from the	university, please com	plete a r	new form
which is available in the Reg	gistrar's Office.				
Registrar's Office	Date				